

Name: Commissioner Ruth V. Creary

Meeting Date: October 24, 2011

COMMUNITY OUTREACH/ANNOUNCEMENTS FORM

Please indicate below the name, location, date and time of the community outreach activity and/or event you participated in and submit this form to staff

1. CA Partnership for Access to Treatment, Luncheon Presentation: Health Care Reform and Our Communities, Flemings' Restaurant, 800 W. Olympic Blvd., Los Angeles, August 31, 2012, 11:30a.m.

2. _____

3. _____

4. _____

5. _____

6. _____

COMMITTEE REPORTS: If you wish to report details on your committee report, you may do so here:

NAME OF COMMITTEE: Health Committee

SCHEDULING REQUESTS: If you wish staff to schedule a future presentation or committee meeting, please provide the following details:

Name of committee or presentation topic Health Committee

Proposed date and time TBD

Requested location or Teleconference

Agenda items:

(1). _____

(2). _____